

<b>Case Number:</b>	CM14-0182432		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 66 year old male injured worker who sustained an injury on 8/13/2001. He sustained the injury while lifting a ladder in 2/2001 and fell from a chair on 8/13/2001. The current diagnoses include left post-laminectomy syndrome, status post L4-5 fusion, degenerative disc disease L5-S1, severe contrast dye allergy, chronic pain and lumbar radiculopathy. Per the doctor's note dated 8/18/2014, he had complaints of lumbar pain with radiation to the left lower extremity with tingling and numbness. The physical examination revealed antalgic gait with a single point cane, the mid-line surgical site well healed, tenderness to palpation of the lumbar spine extending into the right paraspinal region much greater than the left, limited range of motion of the lumbar spine in all planes, decreased sensation throughout the left lower limb, 5-/5 strength with all movements bilateral lower limbs, hyperreflexic left Achilles reflex, patellar reflexes symmetric bilaterally, SLR negative bilaterally and Slump test positive on left. The medications list includes Norco, Xanax, Plavix, Felodipine, Carvedilol and Simvastatin. He has had magnetic resonance imaging (MRI) lumbar spine dated 4/8/13 which revealed mild levoscoliosis with degenerative disc disease and facet arthropathy and postoperative changes L4-5, canal stenosis includes L2-3 mild, L3-4 moderate to severe, and LS-51 moderate canal stenosis and neural foraminal narrowing includes L2-3 caudal left, L3-4 moderate left, mild to moderate right, L4-5 moderate bilateral neural foraminal narrowing; Computed Tomography (CT) lumbar spine dated 6/18/2014 which revealed levoscoliosis with degenerative disc disease and facet arthropathy and retrolisthesis L5-S1 with postoperative changes, canal stenosis includes L2-3 mild, L3-4 moderate canal stenosis and neural foraminal narrowing includes L1-2 mild right, L2-3 mild left, mild to moderate left, L3-4 moderate to severe bilateral, L4-5 severe bilateral, L5-S1 moderate right, severe left neural foraminal narrowing. He had undergone lumbar fusion at L4-5; three right knee arthroscopic surgeries; left hip replacement and right carotid artery stent. He has had

chiropractic therapy visits, acupuncture visits, epidural steroid injections and spinal cord stimulator trial for this injury. He has had last urine drug screen on 8/18/14 which was positive for hydrocodone and Alpha-Hydroxyalprazolam.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Prescription for Hydrocodone/APAP 10/325mg #90 with 2 refills (MED 30): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain, Opioids, Criteria for Use

**Decision rationale:** Norco contains Hydrocodone and Acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the injured worker has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that injured worker has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. This injured worker does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of a Prescription for Hydrocodone/APAP 10/325mg #90 with 2 refills (MED 30) is not established for this injured worker; therefore, the request is not medically necessary.